Debtor 1	Jon-Michael A Griffin	_	
Debtor 2 (Spouse, if filing	g)		
United States	Bankruptcy Court for the:	District of Tennessee	
Case numbe	1:17-bk-12913-SDR	(State)	

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Response to	o Notice of Fir	nal Cur	e Payr	nent				10/15
ccording to Bankrupt	cy Rule 3002.1(g), the credit	or responds to	o the trustee	's notice	of final cu	re paymen	t.	
Part 1: Mortgage	Information							
Name of creditor:	U.S. Bank Trust Natio		tion, as Tr			<u>3-</u>		o. (if known):
Last 4 digits of any	number you use to identify	the debtor's	account:	2 :	2 9 ——-	5		
Property address:	82N Center St							
	Number Street							
	Rossville City		30741 IP Code					
Part 2: Prepetitio	n Default Payments							
Check one:								
Creditor agrees the	nat the debtor(s) have paid in	n full the amou	unt required	to cure th	e prepetiti	on default		
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Cas	se 1:17-bk-12913-SDR Doc Filed 0 Main Documer	8/05/21 Entered 08/05/21 15:25:53 nt Page 2 of 3	Desc
Debtor 1	Jon-Michael A Griffin First Name Middle Name Last Name	Case number (if known) 1:17-bk-12913-SDF	₹
Part 4:	Itemized Payment History		
debtor(s) the credi bankrupt all pa all fee all an	editor disagrees in Part 2 that the prepetition arrearage) are not current with all postpetition payments, includitor must attach an itemized payment history disclosing through the date of this response: ayments received; es, costs, escrow, and expenses assessed to the moments the creditor contends remain unpaid.  Sign Here	ding all fees, charges, expenses, escrow, and costsing the following amounts from the date of the	;,
The pers	son completing this response must sign it. The r f claim.	response must be filed as a supplement to the c	reditor's
Check the	e appropriate box::		
	the creditor.		
<b>⊿</b> I am t	the creditor's authorized agent.		

I declare under penalty of perjury that the information provided in this response is true and correct to the best of my knowledge, information, and reasonable belief.

Sign and print your name and your title, if any, and state your address and telephone number if different from the notice address listed on the proof of claim to which this response applies.

Last Name	this response	Title	Attorney for Creditor
aim to which	this response		
aim to which	this response		
		applies:	
260			
State	ZIP Code		
ers, GA 30092		ers, GA 30092	ers, GA 30092
	State	State ZIP Code	State ZIP Code

## **CERTIFICATE OF SERVICE**

The undersigned hereby certifies under penalty of perjury that he/she is over eighteen (18) years of age and that the **RESPONSE TO NOTICE OF FINAL CURE PAYMENT** in the above captioned case were this day served upon the below named persons by mailing, postage prepaid, first class mail a copy of such instrument to each person(s), parties, and/or counsel at the addresses shown below:

# Via U.S. Mail

Jon-Michael Allen Griffin 82 North Center Street Rossville, GA 30741

### **Via CM/ECF electronic service:**

Kenneth C. Rannick Kenneth C. Rannick P.C. 4416 Brainerd Road Chattanooga, TN 37411

Kara L. West Chapter 12 & 13 Trustee P.O. Box 511 Chattanooga, TN 37401

Dated: August 5, 2021

Respectfully submitted,

/s/ Mark A. Baker McMichael Taylor Gray, LLC 3550 Engineering Drive, Suite 260 Peachtree Corners, GA 30092 Telephone: (404) 474-7149 Facsimile: (404) 745-8121

E-mail: mbaker@mtglaw.com